

**CRISIS NURSERY MONTHLY REPORT**

Month \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Number: \_\_\_\_\_

Licensed Capacity: \_\_\_\_

Name of Child	DOB	24 hr.		Crisis Day *		Date of Admission	Date of Discharge	# of Days in Care	Exception Through
		CWS	Vol.	CWS	Vol.				
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									

Total: \_\_\_\_\_

Name and Title of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

\* **Complete Crisis Day Care Sign-in Sign-out sheet – LIC 9219A**

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**CRISIS NURSERY MONTHLY REPORT****INSTRUCTIONS**

Sec 86561 (o) A crisis nursery shall submit to the Department a monthly report that indicates the total number of children placed in the crisis nursery and shall include whether each child is voluntarily placed by the parents/legal guardians or placed directly by the county welfare services agency and the length of stay for each child in the crisis nursery.

Monthly Report for the preceding month must be submitted to your local licensing regional office by the 5<sup>th</sup> of each month. Original reports must be kept on file and available for review upon request by an authorized representative of the licensing agency.

1. Month Enter the month and year of this report.
2. Facility Name Enter the name of the facility as it appears on the license.
3. Facility Number Enter the facility number as it appears on the license.
4. Licensed Capacity Enter the licensed capacity on the appropriate line.
5. Name of Child Enter the child's first and last name.
6. DOB Enter the child's date of birth
7. 24 hr. **CWS/Vol** Indicate with a check mark ( ✓ ) whether the child is in placement for **24 hour care** and indicate with a check mark ( ✓ ) whether the child has been placed by the **county welfare services (CWS)** agency or has been **voluntarily (Vol.)** placed by a parent/guardian.
8. Crisis Day\* **CWS/Vol** Indicate with a check mark ( ✓ ) whether the child is in Crisis Day Care and indicate with a check mark ( ✓ ) whether the child has been enrolled by the **county welfare services (CWS)** agency or has been **voluntarily (Vol.)** enrolled. Parents/authorized representatives who enroll their child(ren) in the Crisis Day Care program, must sign their child in and out using the Crisis Day Care sign-in / sign-out sheet.
9. Date of Admission Enter the month and day the child was first admitted into the program.
10. Date of Discharge Enter the month and day the child was released from the program.
11. # of Days in Care Enter the total number of days the child was in care at the facility
12. Exception Through Indicate if an exception was granted by the licensing agency to allow a child to exceed the 14 day limitation and note the ending date of the exception.
13. Name and Title of Authorized representative. Enter name and Title of individual attesting to the accuracy of the information.
14. Date Enter the date the Crisis Nursery Monthly Report was signed and verified.